

Children's Mental Health Screening Initiative

Created by the *Children's Mental Health Act of 2003*

Public Act 93-0495 (305 ILCS 5/5-5.23)

Screening Assessment and Support Services (SASS) Program

Service definition and activity crosswalk

Department of Public Aid

Department of Human Services

Department of Children and Family Services

July 1, 2004

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

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Introduction

The *Children's Mental Health Act of 2003*, created by *Public Act 93-0495*, establishes the Children's Mental Health Screening Initiative and the Screening, Assessment, and Support Services (SASS) program in support of that initiative. The initiative is the result of close cooperation among three State agencies: the Departments of Public Aid (DPA), Children and Family Services (DCFS), and Human Services (DHS). The *Act* requires screening and assessment of children prior to any Medicaid-funded admission to an inpatient hospital for psychiatric services to be funded by Medicaid. The SASS program creates a single crisis call line and a single one-stop, statewide program that will deliver crisis services and assist children in need of treatment to the appropriate services.

Beginning July 1, 2004, the crisis line (called Crisis and Referral and Referral Entry Services [CARES]) will determine whether the child should be referred to a Screening, Assessment, and Support Services (SASS) provider for crisis intervention, linkage, and coordination of services.

SASS and community services will be based on 59 *Ill. Adm. Code* 132. A narrative description of the services and authorized activities of the rule is attached, along with a table of current 132 service descriptions and billing codes that have been cross-walked to Healthcare Common Procedure Coding System (HCPCS) codes required under the *Health Insurance Portability and Accountability Act* (HIPAA). The table also includes current DHS and DCFS billing codes to assist you in linking the current definition to the HCPCS codes. For example, the crisis intervention-pre-hospitalization screening is described under Section 132.150(f) of the rule and the new HCPCS code is T1023. Previous billing codes for this service were: W-7897 and W-7898.

For more information on this program, please refer to the Handbook for Providers of Screening, Assessment, and Support Services, Chapter CMH-200 Policy. The handbook has been prepared for the information and guidance of SASS providers who provide services to children in the Departments' SASS program. It also provides information on the DPA requirements for provider participation, enrollment and billing.

This handbook can be viewed on the DPA website at:

<<http://www.dpaillinois.com/handbooks/>>

The direct link to the handbook is:

<http://www.dpaillinois.com/handbooks/assets/030404_sasshandbook.pdf>

The direct link to the appendices is:

<http://www.dpaillinois.com/assets/060404_sassappendix.pdf>

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Glossary

Acronyms		Professional staff acronyms	
ACR	Administrative case review	LCPC	Licensed clinical professional counselor
ACT	Assertive community treatment	LCSW	Licensed clinical social worker
CARES	Crisis and Referral Entry Service	LMFT	Licensed marriage and family therapist
COS	Category of service	LPN	Licensed practical nurse
CSPI	Childhood Severity of Psychiatric Illness	LPHA	Licensed practitioner of the healing arts
DCFS	Department of Children and Family Services	MHP	Mental health professional
DHS	Department of Human Services	QMHP	Qualified mental health professional
DOC	Department of Corrections	RN	Registered nurse
DPA	Department of Public Aid	RSA	Rehabilitative services associate
DPA 1443	Provider Invoice (form DPA 1443)		
HCPCS	<i>Healthcare Common Procedure Coding System</i>		
HIPAA	<i>Health Insurance Portability and Accountability Act</i>		
ITP	Individual treatment plan		
MMIS	Medicaid Management Information System		
MOD	Modifier		
MRO	Medicaid rehabilitation option		
NOS	Not otherwise specified		
POS	Place of service		
PT	Provider type		
ROCS	Reporting of Community Services		
SASS	Screening, assessment, and support services		
SOF	State-operated facility		
TCM	Targeted case management		
HCPCS modifier definitions		HCPCS place of service indicators	
HA	Child/adolescent	11	On-site
HN	Bachelor's degree	99	Off-site
HM	Less than a bachelor's degree		
HO	Master's degree		
HQ	Group modality		
HR	Family modality		
TF	Intermediate level of care		
TG	Complex level of care		

In order to be reimbursed for a service, the provider must have a contract with a public payor to provide that service.

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Assertive community treatment

Service definition:	Minimum credentials of staff:
A specialized model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious mental illness who have a history of high use of psychiatric hospitalization. It requires an integrated package of services, provided by a multi-disciplinary team of professionals over an extended period of time.	At a minimum includes a psychiatrist, QMHP, MHP and may include RSAs. Highly desirable to include an RN and a vocational specialist.
	Example activities:
	<p>Linkage with resources and services.</p> <p>Individual and supportive counseling and problem solving.</p> <p>Access to mental health services, vocational training, educational services, legal services, employment opportunities, leisure, recreation, and religious, social activities, self-help groups, medical services, including emergency and non-emergency.</p> <p>Support while in other environments, e.g., hospitals.</p> <p>Advocacy, including providing information to family.</p> <p>Assist client in developing natural community supports.</p> <p>Assist with activity of daily living through skills training and acquisition of assistive devices.</p> <p>Providing or assisting with transportation.</p>
Notes:	
Provider must be in compliance with the assertive community treatment (ACT) paradigm of the Department of Human Services. Case management MAY NOT be billed in combination with ACT services.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.150(n)
	Nomenclature:
	Non-HIPAA - Assertive community treatment
	HIPAA - Assertive community treatment

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0039			11	On-site	¼ hr	\$ 18.09	\$ 72.36	(n/a)	91-98 W8646
34	H0039			99	Off-site	¼ hr	\$ 20.08	\$ 80.32	(n/a)	91-98 W8647

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Client centered consultation

Service definition:	Minimum credentials of staff:
An individual client-focused professional communication between provider staff, or staff of other agencies, or with others (including family members) who are involved with providing services to a client.	MHP
	Example activities:
	Activities on behalf of a particular client (consultation) for the purpose of implementing or evaluating the treatment plan. Face-to-face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client's status and progress with regards to the ITP. Contacts with a State-operated facility and educational or medical system. Staffing with school personnel or other professionals involved in treatment. Administrative case review (ACR). Also includes contacts (scheduled meetings or conferences) for professional communication between provider staff and family members involved in treatment.
Notes:	
Must be provided in conjunction with one or more mental health services as specified in 132.150 and in accordance with the ITP. <u>Does not</u> include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.150(l)
	Nomenclature:
	Non-HIPAA -Client centered consultation HIPAA - Case management

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
47	T1016	HN	TG	11	On-site	¼ hr	\$ 15.73	\$ 62.92	W7879	62-65, 67,68 W7879
47	T1016	HN	TG	99	Off-site	¼ hr	\$ 17.45	\$69.80	W7880	62-65, 67,68 W7880

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Crisis intervention

Service definition:	Minimum credentials of staff:
Activities or services provided to a person who is experiencing a psychiatric crisis which are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels or treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning.	MHP with immediate access to a QMHP.
Notes:	Example activities:
May be provided prior to a mental health assessment and prior to a diagnosis of mental illness.	All activities must occur within the context of a potential psychiatric crisis. Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services. Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment. Face-to-face or telephone contact to provide immediate, short-term crisis -specific therapy or counseling with client and, as necessary, with client's caretaker and members. Referral to other applicable medically necessary rehabilitative services, including referrals or pre-hospitalization screening. Activities include phone contacts or meeting with receiving agency staff. Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation. Face-to-face or telephone contact with another agency to help that agency deal with a specific client's crisis. Consultation with staff from one's own provider agency to address the crisis.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	References:
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(f) Nomenclature: Non-HIPAA - Crisis intervention HIPAA - Crisis intervention

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2011			11	On-site	¼ hr	\$ 28.81	\$115.24	W7847	11-16 W7847
34	H2011			99	Off-site	¼ hr	\$ 31.97	\$127.88	W7848	11-16 W7848

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Crisis intervention—pre-hospitalization screening

Service definition:	Minimum credentials of staff:
Screening or crisis assessment activities provided to a child who is referred to a SASS provider by CARES because the child is experiencing a crisis that creates a risk of psychiatric hospitalization. The SASS screening and crisis assessment must be conducted face-to-face with the CARES-referred child experiencing the crisis. However, contacts with collaterals and other types of personal contacts can supplement the face-to-face screening/crisis assessment contact with the CARES-referred child experiencing the crisis.	MHP with immediate access to a QMHP.
Notes:	Example activities:
May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. Pre-hospitalization screening ends when a determination is made regarding whether or not to hospitalize a client. Once a determination is made, other services may begin being delivered and billed. Reimbursement subject to prior authorization through CARES.	The SASS pre-admission psychiatric hospitalization screening and crisis assessment shall minimally include completion of all of the following: <ul style="list-style-type: none"> — The CSPI decision support instrument. — A mental status evaluation. — An evaluation of the extent of the child's ability to function in his/her environment and daily life. — An assessment of the child's degree of risk of harm to self, other or property. — A determination of the viability of less restrictive resources available in the community to meet the treatment needs of the child. These activities must be part of the face-to-face contact(s) with the child experiencing the crisis. SASS screening and crisis assessment services may also include face-to-face or telephone contact with: <ul style="list-style-type: none"> — Family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purposes of completing the SASS screening/assessment. — A physician or hospital staff, regarding the need for psychiatric consultation or hospitalization. — Another provider to help that provider deal with a specific client's crisis.
Applicable populations	
<input type="checkbox"/> Adults <input type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	References:
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(f) Nomenclature: Non-HIPAA - Crisis intervention HIPAA - Program intake assessment

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	T1023			11	On-site	Event	\$288.10	(n/a)	W7897	(n/a)
34	T1023			99	Off-site	Event	\$319.70	(n/a)	W7898	(n/a)

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Day rehabilitation—extended treatment & psychosocial

Service definition:	Minimum credentials of staff:
Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week with the objective of maintaining or improving interpersonal functioning or age-appropriate, independent role functioning.	MHP
Notes:	Example activities:
	Interventions directed at improving or maintaining the client's ability to function in a variety of interactions or situations, both interpersonal and community, including but not limited to: <ul style="list-style-type: none"> — Personal and interpersonal communications. — Dating and sexual appropriateness. — Medication and management of psychiatric symptoms. — Peer or sibling interactions. — Self-regulating behavior. — Parent and child communications and interactions. — Self-care and hygiene management. — Use of public transportation. — Use of laundromat. — Learning to utilize existing community resources. — Opening or maintaining a checking or savings account. — Accessing medical and dental care. — Developing support systems. — Entitlement acquisition.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group (1:6 children; 1:10 adults)	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(g)(5) to(9) Nomenclature: Non-HIPAA - Extended treatment, psychosocial rehabilitation HIPAA - Behavioral health day treatment

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2012	HO		11	On-site; adult	1 hr	\$ 8.50	\$ 8.50	(n/a)	82, 83 W7853 W7855
34	H2012	HO		99	Off-site; adult	1 hr	\$ 8.50	\$ 8.50	(n/a)	82, 83 W7854 W7856
34	H2012	HO	HA	11	On-site; child	1 hr	\$ 15.99	\$ 15.99	(n/a)	86, 87 W7859 W7861
34	H2012	HO	HA	99	Off-site; child	1 hr	\$ 15.99	\$ 15.99	(n/a)	86, 87 W7860 W7862

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Day rehabilitation—intensive stabilization

Service definition:	Minimum credentials of staff:
Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week for clients with a history of psychiatric hospitalization.	QMHP
	Example activities:
	Intensive outpatient services are intended for clients with a history of psychiatric hospitalization. The focus of the sessions must be to reduce or eliminate symptoms that have, in the past, led to the need for hospitalization.
Notes:	
The client's ITP must include objectives related to reducing or eliminating symptoms that have, in the past, led to the need for hospitalization.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Group (1:3 children; 1:6 adults)	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(g)(8) to (9) Nomenclature: Non-HIPAA - Intensive stabilization HIPAA - Intensive outpatient

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	S9480	HO		11	On-site; adult	1 hr	\$ 15.99	\$ 15.99	(n/a)	81 W7851
34	S9480	HO		99	Off-site; adult	1 hr	\$ 15.99	\$ 15.99	(n/a)	81 W7852
34	S9480	HO	HA	11	On-site; child	1 hr	\$ 32.03	\$ 32.03	(n/a)	85 W7857
34	S9480	HO	HA	99	Off-site; child	1 hr	\$ 32.03	\$ 32.03	(n/a)	85 W7858

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Developmental rehabilitation

Service definition:	Minimum credentials of staff:
Direct interactions with the client, or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community.	RSA
Notes:	Example activities:
	Direct face-to-face interventions with the client, or on behalf of the client with a member of the client's family or other caretaker, aimed at improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school, or community. These interventions involve art, music, drama, play, or recreation. Can include group sports activities or field trips, but only for the time spent in face-to-face interventions that are therapeutic in nature. The interventions must relate to the goals in the client's ITP. Supervising or observing the client's art, music, drama, play, or recreation activities is not Activity therapy and is not a billable Medicaid service.
Applicable populations	
<input type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(j) Nomenclature: Non-HIPAA - Developmental rehabilitation HIPAA - Activity therapy

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2032			11	On-site; individual	¼ hr	\$ 13.68	\$ 54.72	W7903	(n/a)
34	H2032			99	Off-site; individual	¼ hr	\$ 15.17	\$ 60.68	W7904	(n/a)
34	H2032	HQ		11	On-site; group	¼ hr	\$ 3.42	\$ 13.68	W7905	(n/a)
34	H2032	HQ		99	Off-site; group	¼ hr	\$ 3.80	\$ 15.20	W7906	(n/a)

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Individual/family social rehabilitation

Service definition:					Minimum credentials of staff:				
Structured services that are goal directed, clearly defined and focused on improving adaptive functioning deficits					MHP				
					Example activities:				
					<p>A series of sessions with modules addressing different components of functioning such as, but not limited to, social competency, anger management, problem - solving/decision-making, or the ability to live independently.</p> <p>Established curriculum -based intervention programs for clients with mental illness.</p> <p>Time spent implementing a structured method of behavior management, such as a point system.</p> <p>Supervised activities that are intended to improve adaptive functioning in a specific area, as long as the activities are preceded by explicitly detailing the expectations for involvement in the activity and followed by a review of what actually occurred.</p> <p>For children and adolescents only, skills training and development can include therapeutic support to facilitate improved functioning through normalizing in-home/in-community activities.</p>				
Notes:									
Applicable populations									
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS									
Acceptable mode(s) of delivery									
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Group									
Pre-service requirements					References:				
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan					Rule: 59 Ill. Admin. Code 132.150(h) Nomenclature: Non-HIPAA - Individual/family social rehabilitation HIPAA - Mental health skills training and development				

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2014			11	On-site; individual	¼ hr	\$ 15.73	\$ 62.92	W7875	32 W7875
34	H2014			99	Off-site; individual	¼ hr	\$ 17.45	\$ 69.80	W7876	32 W7876
34	H2014	HQ		11	On-site; group	¼ hr	\$ 3.93	\$ 15.72	W7397	38 W7397
34	H2014	HQ		99	Off-site; group	¼ hr	\$ 4.37	\$ 17.48	W7396	38 W7396

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Intensive family-based services

Service definition:	Minimum credentials of staff:
Interactions with the client, or with a member of the client's family on behalf of the client, to restore the client to prior levels of functioning, to reduce the risk of more restrictive treatment for the client such as psychiatric hospitalization, to reduce the risk of alternative placement, or to avert a family crisis.	MHP
Notes:	Example activities:
Services may be provided only by a provider that is: — A SASS provider, but only to a child or adolescent enrolled in the SASS program by the CARES. — A provider other than a SASS provider that is under contract with the DCFS to provide this service, but only to a child for whom the DCFS is legally responsible.	Interactions with the client, or with a member of the client's family or other caretaker on behalf of the client, aimed at: — Reducing the risk for the client to need to move to an alternative placement due to a decline in functioning. — Averting a family crisis.
Applicable populations	
<input type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(m) Nomenclature: Non-HIPAA - Intensive family based services HIPAA - Mental health services not otherwise specified

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0046	TF		11	On-site	1 hr	\$ 62.92	\$ 62.92	W7881	(n/a)
34	H0046	TF		99	Off-site	1 hr	\$ 69.80	\$ 69.80	W7882	(n/a)

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Mental health assessment

Service definition:	Minimum credentials of staff:
The formal process of gathering into written reports information on the client—including, but not limited to, individual characteristics, presenting problems, history or cause of illness, history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the client or collaterals. This service results in identification of the client's mental health service needs and recommendations for treatment and may include a tentative diagnosis.	MHP under the direct supervision of a QMHP. QMHP is responsible for the completed mental health assessment.
Notes:	Example activities:
Required for all services except for crisis intervention or case management services to assist the client in securing emergency food, clothing or shelter. A minimum of one face-to-face meeting with the client by a QMHP is required prior to completion. A diagnosis of mental illness is not required prior to starting mental health assessment activities.	Face-to-face meeting with the client in order to assess the client's needs. Face-to-face meeting or telephone contact with the client or client's family to collect social history information With the client's permission, face-to-face meetings or telephone contact with: <ul style="list-style-type: none"> – Family members. – Collateral sources of pertinent information—including, but not limited to, educational personnel, medical personnel, DCFS staff. Administering CGAS/GAF or other acceptable instruments to the client to document substantial impairment in role functioning.
Applicable populations	References:
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	Rule: 59 Ill. Admin. Code 132.150(c)(1)&(2) Nomenclature: Non-HIPAA - Mental health assessment, Mental health social history HIPAA - Mental health assessment–non-physician
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0031			11	On-site	¼ hr.	\$ 19.04	\$ 76.16	W7831 W7833	03,0A 04 W7831 W7833
34	H0031			99	Off-site	¼ hr.	\$ 21.15	\$ 84.60	W7832 W7834	03,0A 04 W7832 W7834

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Mental health case management

Service definition:	Minimum credentials of staff:
Services that provide coordination, support and advocacy for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, child welfare, and other community services and resources. Case management also may include client-specific advocacy and assistance in problem solving/resolution to assist the client in building community support and family support systems, and mandated child welfare and juvenile justice activities.	MHP
Notes:	Example activities:
Mental health case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment. Mental health case management may be provided prior to a mental health assessment of ITP for the purpose of assisting the client with obtaining emergency food, clothing or shelter.	Helping the client access appropriate mental health services, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services. Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process. Advocacy and assistance with problem solving/resolution that will help the client access and utilize support from the community or family members. Supervision of family visits for DCFS clients. Includes time spent participating in mandated child welfare or juvenile justice activities. These activities can be applied to transition, linkage and aftercare.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.165 Nomenclature: Non-HIPAA - Mental health case management HIPAA - Case management

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
47	T1016	TF		11	On-site	¼ hr	\$ 15.73	\$ 62.92	W7394	51, 54-58 W7909
47	T1016	TF		99	Off-site	¼ hr	\$ 17.45	\$ 69.80	W7395	51, 54- 58 W7910

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychological assessment

Service definition: A psychological evaluation conducted and documented by the provider consistent with the <i>Clinical Psychologist Licensing Act</i> (225 ILCS 15), using nationally standardized psychological assessment instruments.	Minimum credentials of staff: The evaluation must be conducted and signed by a licensed clinical psychologist. A master's level professional under the supervision of the LCP may assist in administration of the standardized testing.
	Example activities: Face-to-face client interview or clinical observation. Face-to-face interview with parent or guardian, if indicated Face-to-face administration of nationally recognized psychological assessment instruments as part of a psychological assessment.
Notes: The licensed clinical psychologist must have at least one face-to-face meeting with the client before signing the evaluation.	
Applicable populations <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements <input checked="" type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	References: Rule: 59 Ill. Admin. Code 132.150(c)(8) Nomenclature: Non-HIPAA - Psychological assessment; Psychological standardized testing HIPAA - Mental health assessment–non-physician

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0031	HO		11	On-site	¼ hr.	\$ 19.04	\$ 76.15	W7835 W7837	01, 07 W7835 W7837
34	H0031	HO		99	Off-site	¼ hr.	\$ 21.15	\$ 84.60	W7836 W7838	01, 07 W7836 W7838

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychotropic medication administration

Service definition:	Minimum credentials of staff:
Time spent preparing the client and the medication for administration, administering psychotropic meds, observing the client or possible adverse reactions, and returning the medication to proper storage.	LPN under RN supervision.
	Example activities:
	See service definition.
Notes:	
Does not include administration of non-psychotropic medications.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(e)(1)(B) Nomenclature: Non-HIPAA - Psychotropic medication administration HIPAA - Administration of oral, intramuscular or subcutaneous medication

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	T1052			11	On-site	Event	\$ 9.60	(n/a)	W7841	25 W7841
34	T1052			99	Off-site	Event	\$ 10.65	(n/a)	W7842	25 W7842

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychotropic medication monitoring

Service definition:	Minimum credentials of staff:
Monitoring and evaluating target symptom response, adverse effects including <i>tardive dyskinesia</i> screens, and new target symptoms or medication.	MHP under supervision of a QMHP, or an RN, as designated in writing by a physician.
	Example activities:
	Face-to-face interview with clients reviewing response to psychotropic medications.
	Medication monitoring and self-administration training shall be prescribed, if required, by the treating physician and included in the ITP. A physician must authorize in writing the agency staff he has determined eligible to provide medication monitoring or medication training services.
	Medication monitoring may include clinical communication, by telephone or face-to-face, between staff of the (same) provider, as identified on the ITP by the physician: or professional staff employed outside of the provider agency, under situations which constitute an appropriate release of information, emergency medical/life safety intervention, or consulting therapist relationships regarding the client's psychotropic medication
Notes:	
This DOES NOT include watching a client self-administer his/her medications. A designated staff ordering medication or communication with a pharmacist is not billable as medication monitoring but is billable as case management.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.150(e)(1)(D) & (G)
	Nomenclature:
	Non-HIPAA - Psychotropic medication monitoring HIPAA - Pharmacological management

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	90862			11	On-site	¼ hr	\$ 20.45	\$ 81.80	W7843	²⁶ W7843
34	90862			99	Off-site	¼ hr	\$ 20.45	\$ 81.80	W7844	²⁶ W7844

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychotropic medication training

Service definition:	Minimum credentials of staff:
Includes training the client or the client's family or guardian to administer the client's medication, to monitor proper levels and dosage, and to watch for side effects.	MHP under supervision of QMHP, or an RN, as designated in writing by a physician.
	Example activities:
	When indicated based on client's condition and prescribed by treating physician and included in the ITP, face-to-face meetings with individual clients for the following purposes: –To discuss psychiatric illness. –To discuss psychotropic medications, effects, side effects, and adverse reactions. –To discuss self-administration of medications. –To discuss storage and safeguarding of medications. To discuss how to communicate with mental health professionals regarding medication issues. To discuss how to communicate with family/caregivers regarding medication issues. For the client's parents, guardian or caregivers, meetings with provider staff to train them to monitor dosage and side effects.
Notes:	
When training the family/guardian to administer or monitor medications, the client does not need to be present.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(e)(1)(D) & (G)
	Nomenclature:
	Non-HIPAA - Psychotropic medication training
	HIPAA - Medication training and support

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0034			11	On-site	¼ hr	\$ 14.77	\$ 59.08	W7845	31 W7845
34	H0034			99	Off-site	¼ hr	\$ 16.38	\$ 65.52	W7846	31 W7846

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Rehabilitative stabilization

Service definition:	Minimum credentials of staff:
Direct interactions with the client, or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community.	RSA
Notes:	Example activities:
General staff supervision or general observation of group activities, including field trips, group sports, or board games is not therapeutic behavioral services and is not a billable Medicaid service.	Planned or unplanned milieu-based interventions related to goals defined in the client's ITP. Behavior management and problem-solving interventions. ITP-specified facilitation of improved competency in areas such as, but not limited to: interpersonal communication, dating and sexual appropriateness, peer or sibling interactions, self-regulating behavior, problem-solving skills, parent/child communication and interaction, self-care and hygiene, use of public transportation, money management, cooking and home management. Group meetings such as organizational meetings at the beginning and end of the day and self-governance meetings only if a QMHP, MHP or RSA is present. If an individual in a group activity is exhibiting a non-adaptive behavior, staff can use therapeutic behavioral services as an intervention to modify the non-adaptive behavior and can bill for time spent in direct interaction with the individual client in the group situation or time spent directly observing the client to assess if the intervention was successful to decrease problem behavior. Face-to-face or telephone activities with family, including foster parents and other caretakers, to maintain the client's placement and to ensure the ITP is correctly implemented. Face to-face or telephone activities with the client's family, including foster parents and other caretakers, to improve client functioning.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(i) Nomenclature: Non-HIPAA - Rehabilitative stabilization HIPAA - Therapeutic behavioral service

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2019			11	On-site; individual	¼ hr	\$ 13.68	\$ 54.72	W7899	36 W7899
34	H2019			99	Off-site; individual	¼ hr	\$ 15.17	\$ 60.68	W7900	36 W7900
34	H2019	HQ		11	On-site; group	¼ hr	\$ 3.42	\$ 13.68	W7901	37 W7901
34	H2019	HQ		99	Off-site; group	¼ hr	\$ 3.80	\$ 15.20	W7902	37 W7902

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Therapy or counseling

Service definition:	Minimum credentials of staff:
Treatment in which a staff person meets with a client in ongoing periodic formal sessions with the goal of ameliorating or reducing the symptoms associated with his or her emotional, cognitive or behavioral problems.	MHP – Counseling activities QMHP – Therapy activities
	Example activities:
	Formal face-to-face meetings or telephone contacts with the client, or client's family as specified in the ITP. Conducting formal face-to-face group sessions with the client and/or his/her family as specified in the ITP. This may include serving special client populations with a particular theoretical framework, or addressing a specific problem such as low self-esteem, poor impulse control, depression, <i>etc.</i> Examples include: — Problem -solving groups. — Support groups. — Groups focused on developing competency in areas such as social competency, time management, anger control, <i>etc.</i> — Regularly scheduled therapeutic-related group meetings such as organizational meetings at the beginning and end of the day, and self-governance meetings only if a QMHP or MHP is present, <i>etc.</i> For Family modality, includes couple's or marital therapy and individual sessions with one parent if it is for the benefit of the child or therapy sessions with members of a child's foster family.
Notes:	
Incidental telephone conversations and consultations are not billable as therapy/counseling. For all therapy/counseling billings, formal sessions must be specified in the ITP and specific to mental health issues.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	References: Rule: 59 Ill. Admin. Code 132.150(e)(2) to (5) Nomenclature: Non-HIPAA - Therapy, Counseling HIPAA - Behavioral health counseling and therapy

(continued on next page)

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Therapy or counseling

(continued)

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0004			11	On-site; individual; MHP	¼ hr.	\$ 15.73	\$ 62.92	W7869	2A W7869
34	H0004			99	Off-site; individual; MHP	¼ hr.	\$ 17.45	\$ 69.80	W7870	2A W7870
34	H0004	HR		11	On-site; family; MHP	¼ hr.	\$ 15.73	\$ 62.92	W7871	2C W7871
34	H0004	HR		99	Off-site; family; MHP	¼ hr.	\$ 17.45	\$ 69.80	W7872	2C W7872
34	H0004	HQ		11	On-site; group; MHP	¼ hr.	\$ 3.93	\$15.72	W7873	2B W7873
34	H0004	HQ		99	Off-site; group; MHP	¼ hr.	\$ 4.37	\$ 17.48	W7874	2B W7874
34	H0004	HO		11	On-site; individual; QMHP	¼ hr.	\$ 17.88	\$ 71.52	W7863	21 W7863
34	H0004	HO		99	Off-site; individual; QMHP	¼ hr.	\$ 19.86	\$ 79.44	W7864	21 W7864
34	H0004	HO	HR	11	On-site; family; QMHP	¼ hr.	\$ 17.88	\$ 71.52	W7865	23 W7865
34	H0004	HO	HR	99	Off-site; family; QMHP	¼ hr.	\$ 19.86	\$ 79.44	W7866	23 W7866
34	H0004	HO	HQ	11	On-site; group; QMHP	¼ hr.	\$ 6.39	\$25.56	W7867	22 W7867
34	H0004	HO	HQ	99	Off-site; group; QMHP	¼ hr.	\$ 7.10	\$ 28.40	W7868	22 W7868

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Treatment plan development, review and modification

Service definition:	Minimum credentials of staff:
The development of a plan to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, and identification of staff responsible for delivering the services. The LPHA and QMHP shall review the individualized treatment plan (ITP) no less frequently than every six months and any modification, if necessary.	MHP QMHP responsible for development LPHA provides clinical direction and documents by signature on the ITP.
	Example activities:
	Meeting with client or guardian to discuss, develop or review a treatment plan. Face-to-face meetings with family members, collaterals, or with other persons as essential to development or review of the treatment plan, with client's permission. Treatment team meetings used for ITP development and/or formalized review of the effectiveness of the entire treatment plan. The LPHA or QMHP must be present and sign documentation. Does <u>not</u> include intra-agency meetings to review client progress related to individual ITP goals. Time spent by the QMHP/MHP reviewing the assessment materials and developing master Individual Treatment Plan (but not time spent writing/typing the document).
Notes:	
Required if providing 132.150 services, except for crisis services. Mental health diagnosis required, or documentation on evaluations that will be conducted to determine a definitive diagnosis An ITP is not necessary for the provision of case management services to assist the client in acquiring emergency food, clothing or shelter.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	
Acceptable mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(d) Nomenclature: Non-HIPAA - Treatment plan development, review & modification HIPAA - Mental health service plan development

Reimbursement and coding summary

Category of Service	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0032			11	On-site	¼ hr.	\$ 19.20	\$ 76.80	W7839	08 W7839
34	H0032			99	Off-site	¼ hr.	\$ 21.32	\$ 85.28	W7840	08 W7840